Approved for use through 7/31/2006. OMB 0651-0032
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of a chiledron of information unless it displays a valid OMB control number.

			Substitut	e for Form PTC	-875			_/_//	600	
CLAIMS AS FILED - PA (Column 1)					ART I (Column 2)		SMALL ENTITY		OR SMALL ENTITY	
FOR NUMBER FILED		NUMBE	NUMBER EXTRA		FEE		RATE	FEE		
ASIC FEE 37 CFR 1.16(a))						\$	OR		5710	
OTAL CLAIMS 37 CFR 1.16(c))		6	minus 20	<u>.</u>	' I	x \$=		OR	x \$=	
DEPENDENT CLAIMS		3 /	minus 3			x s =		OR	x \$=	
7 CFR 1.16(b)) / minus 3 = 1 ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5 =		OR	+ \$ =		
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	770.0
ın										
_ 1	, CL	AIMS AS AME	ENDED .	- PART II					OTHER	R THAN
\mathcal{Q}	190104	(Catumn 1)	•	(Column 2)	(Column 3)	SMALL E	NTITY	OR	SMALL	
<u>₹</u>		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
긺		AMENDMENT	Minus	PAID FOR	5	ļ	FEE			FEE
AMENDMENT	Total (37 CFR 1.16(al)	16	 	مي <u>ت</u>		x s=		OR	× 8	$\overline{\wedge}$
	Independent (37 CFR 1.16(bi)	· <u> </u>	Minus	<u>" 2</u>	·~	x s=		OR	x \$	<u> </u>
₹١	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=	<u> </u>	OR	+5_=	
1						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	\sim
		(Column 1)		(Column 2)	(Column 3)					,
8 F		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
힑	Total	AMENDMENT	Minus	**	•	x s=		OR	x \$ =	
AMENDMENT	(37 CFR 1.16(cl)	•	Minus	***	=	x s=		OR	x s=	
Š	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+5 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CEASIN (37 O. N. 1100)					TOTAL		1	TOTAL	
						ADD'L FEE		OR	ADD'L FEE	L
		(Column 1)		(Cotumn 2)	(Column 3)			7		1
S		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENT	Total	AMENDMENT	Minus	"	=	x \$=		OR	x \$=	
2	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	•••		x \$=		OR	x \$=	
AMENDM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 .		OR	+ 5=	
	PROT PRESCRIPTION OF BISCHIELD CO. D.					TOTAL	1	7	TOTAL	

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.